

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

797

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 427

17 27  
E OF DEATH  
9 AND 74  
L RESIDENCE  
8101

PRECEDENT  
PERSONAL  
DATA 170

CAUSE  
OF  
DEATH  
TEM 18)

OPERATIONS,  
AUTOPSY

MEDICAL  
CERTIFICATION

DEATH  
DUE TO  
EXTERNAL  
VIOLENCE

DRONER'S  
CERTIFICATION

UNERAL  
DIRECTOR  
AND  
GISTRAR

1. PLACE OF DEATH A. COUNTY <u>Maricopa</u>		B. LENGTH OF STAY IN THIS TOWN <u>27 yrs</u> IN ARIZONA <u>27 yrs</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Maricopa</u>	
C. CITY OR TOWN <u>Phoenix</u> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Phoenix</u> <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS			
D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Arizona State Hospital</u> (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		D. STREET ADDRESS <u>Shaw Butte Sanatorium</u> (IF RURAL, GIVE LOCATION)			
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>ORA</u> B. (MIDDLE) <u>J.</u> C. (LAST) <u>CARLOCK</u>		4. SEX <u>M</u>		5. COLOR OR RACE <u>White</u>	
6B. NAME OF SPOUSE <u>Fauvette Hood Carlock</u>		7. DATE OF BIRTH MONTH <u>3</u> DAY <u>25</u> YEAR <u>83</u>		8. AGE (IN YEARS LAST BIRTHDAY) <u>70</u>	
9B. KIND OF BUSINESS OR INDUSTRY <u>rail working</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Illinois</u>		11. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
14A. FATHER'S NAME <u>Pleasant Carlock</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Illinois</u>		15A. MOTHER'S MAIDEN NAME <u>Mary Jordan</u>	
16. INFORMANT'S SIGNATURE <u>Arizona State Hospital records</u>		17. DATE OF DEATH (MONTH) <u>February</u> (DAY) <u>15</u> (YEAR) <u>1954</u>		13. SOCIAL SECURITY NO. <u>unknown</u>	
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <u>Pernicious anemia</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) <u>Chronic myocarditis</u> DUE TO (C) _____ II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u> <u>unknown</u>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>9-5</u> , 19 <u>52</u> , TO <u>2-15</u> , 19 <u>54</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>2-15</u> , 19 <u>54</u> , AND THAT DEATH OCCURRED AT <u>3:05 P.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
22A. SIGNATURE <u>Samuel H. M.D. Director</u> (DEGREE OR TITLE)		22B. ADDRESS <u>2500 E. VanBuren St.</u>		22C. DATE SIGNED <u>2-16-54</u>	
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)	
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u>M</u>		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?	
24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED	
25A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <u>2/16/54</u>		25C. NAME OF CEMETERY OR CREMATORY <u>Greenwood Memorial Park</u>	
26A. DATE REC. BY LOCAL REG. <u>2/16/54</u>		26B. REGISTRAR'S SIGNATURE <u>Paul H. Johnston</u>		27A. FUNERAL DIRECTOR'S SIGNATURE <u>L. M. Mortensen</u>	
26C. REGISTRAR'S SIGNATURE		27B. ADDRESS <u>Phoenix, Arizona</u>		27C. ADDRESS	